APPLICATION FOR EXEMPTION FROM AUDIT - SHORT FORM - FOR GOVERNMENTS WITH REVENUES AND EXPENDITURES OF \$100,000 OR LESS

Name of Government:	SolVista Metropolitan District	For the Fiscal Year
Address:	28 Second St, Suite 213	Ended December 31, 2013
	Edwards, CO 81632	or fiscal year ended:
Contact Person;	Eric Weaver	
Telephone:	(970) 926- 6060, Ext 6	
Email:	Eric@rmpccpa.com	
Fax:	(970) 926-6040	

Return to:

Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203 Fax: **303-866-4062**

Email: OSA.LG@state.co.us

Call (303) 869-3000 if you need help completing this form.

PLEASE READ THE ABOVE INSTRUCTIONS BEFORE SUBMITTING

Section 29-1-604, C.R.S., outlines the provisions for an exemption from audit. Generally, any local government for which neither revenues nor expenditures exceed \$500,000 in any fiscal year may qualify for an exemption. If either revenues or expenditures are \$100,000 or greater, but not more than \$500,000, you may NOT use this form. Please use the LONG FORM of this application. If both revenues and expenditures are less than \$100,000 individually, use this short form application for exemption from audit.

Please review ALL instructions prior to the completion of this form.

Instructions:

- 1. Prepare this form completely and accurately. Please note that there are 11 parts to this form, and all questions must be answered for the application to be considered complete.
- File this form with the Office of the State Auditor within 3 months after the end of the fiscal year.
 For years ended December 31, the form <u>must</u> be <u>received</u> by the Office of the State Auditor by March 31.
- 3. The form must be completed by a person skilled in governmental accounting.
- 4. The application must be personally reviewed and approved by a majority of the governing body as evidenced by one of the following methods:
 - a. Resolution of the governing body application may be emailed, faxed, or mailed.
 - b. Original signatures application must be mailed. Email or fax will NOT be accepted.
- 5. The preparer must sign the application that is submitted in order for it to be accepted.
- 6. Additional information may be attached to the exemption at the preparer's discretion.

CERTIFICATION OF PREPARER I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my Name: Eric Weaver Title: Accountant/CPA Firm Name (if applicable): Robertson & Marchetti, PC Address: 28 second Street, Suite 213, Edwards, CO 81632 Telephone Number: (970) 926-6060, Ext 6 Date Prepared: 3/24/14

Preparer Signature (Required): The application will be rejected if not signed by the preparer.

Please indicate whether the following financial information is recorded	Governmental	Proprietary
using Governmental or Proprietary fund types	XX	

	PART 2 - REVENUE				
	REVENUE: All revenues for all funds must be reflected in this section, including proceeds equipment, and proceeds from debt or lease transactions. Financial information will not include the control of	from the sale of the gov clude fund equity inform	vernment's land, building, and ation.		
Line#	Description		(Omit cents)		
2-1	Taxes: Property	\$	30,063		
2-2	Specific ownership	\$	1,389		
2-3	Sales and use	\$	-		
2-4	Other (specify):	\$	-		
2-5	Licenses and permits	\$	-		
2-6	Intergovernmental: Grants	\$	-		
2-7	Conservation Trust Funds (Lottery)	\$	-		
2-8	Highway Users Tax Funds (HUTF)	\$	_		
2-9	Other (specify):	\$	-		
2-10	Charges for services	\$			
2-11	Fines and forfeits	\$	_		
2-12	Special assessments	\$	-		
2-13	Investment income	\$	146		
2-14	Charges for utility services	\$	-		
2-15	Debt proceeds (should agree with line 4-3, column 2)	\$	-		
2-16	Lease proceeds	\$	-		
2-17	Developer Advances received (should agree with line 4-3)	\$	-		
2-18	Proceeds from sale of capital assets	\$	-		
2-19	Fire and police pension	\$	-		
2-20	Other (specify):	\$			
2-21		\$	-		
2-22		\$	_		
2-23		\$	-		
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE all sour	mes &	31 598		

	PART 3 - EXPENDITURES	
	EXPENDITURES: All expenditures for all funds must be reflected in this section, including the p	urchase of capital assets and principal and interest
	payments on long-term debt. Financial information will not include fund equity information.	
Line#	Description	(Omit cents)
3-1	Administrative	\$ 1,597
3-2	Salaries	-
3-3	Payroll taxes	\$
3-4	Contract services	\$ -
3-5	Employee benefits	\$ -
3-6	Insurance	\$ 2,256
3-7	Accounting and legal fees	\$ 4,449
3-8	Repair and maintenance	\$
3-9	Supplies	\$ -
3-10	Utilities and telephone	\$ -
3-11	Fire/Police	\$ -
3-12	Streets and highways	\$ -
3-13	Public health	\$ -
3-14	Culture and recreation	\$ -
3-15	Utility operations	\$ -
3-16	Capital outlay (should agree with line 6-1, column 2)	\$ -
3-17	Debt service principal (should agree with line 4-3, column 2)	\$
3-18	Debt service interest	\$ -
3-19	Repayment of Developer Advances (should agree with line 4-3)	-
3-20	Contribution to pension plan (should agree to line 7-2)	\$ -
3-21	Contribution to Fire & Police Pension Assoc. (should agree to line 7-2)	\$ -
3-22	Other (specify): Payment to Headwaters Metro District per IGA	\$ 3,500
3-23	Payment to Granby Ranch Metro District per IGA	\$ 17,486
3-24		\$
3-25	(add lines 3-1 through 3-24) TOTAL EXPENDITURES all categories	\$ 29,288

Note: If Total Revenue (Line 2-24) or Total Expenditures (Line 3-25) are greater than \$100,000 - STOP. You may not use this form. Please use the "Application for Exemption from Audit - Long Form".

4-2 Is 1 4-3 Ge Re No Lea Ott Tot Pie 4-4 Door Poe Ho yes: Ho Pie 4-6 Door Wh Nur Is ti Wh Pie	Please complete the following debt schedule, if applicable:	Outsta end of \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Nov 2	Issued during fiscal year \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	fiscal \$ \$ \$ \$ \$ \$ \$ \$ \$	year	Outsta fiscal \$ \$ \$ \$ \$ \$ \$	
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Wh Ple	umber of years of lease? the lease subject to annual appropriation?	<u> </u>			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			
Ple		Τ			mm	mm	mm	m
	What are the annual lease payments? Please use this space to provide any explanations or comments:							<u>Wille</u>
4-8								
	PART 5 - CASH AND I	NVEST	MENTS					
Pla	ease provide the entity's cash deposit and investment balance				Amou	int	ं र र	otal
	necking accounts			og um promunistru strictifi)		1,297		////
	avings accounts				T S	-,	HHH	4H)
	ertificates of deposit				\$	<u> </u>		##
	tal Cash Deposits		·		Vinnin	mm\	<i>!!!!!!</i> \$	<i></i> 1,2
	vestments (if investment is a mutual fund, please list underlying inv	restments	5).		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	HHIDO	imm	
5-4	ColoTrust	COUNCIES	2/-			1,040	<i>}}}}}</i>	////
5-5	COOTUSE		·······		\$ 8°	1,040	4444	<i>###</i>
5-6					\$	- <u>-</u>		441
5-7		·····			\$		4444	4H
	otal Investments	·			Timm	mil i	<i>!!!!!!!</i> \$	81,0
	tal Cash and Investments			· ·····························	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\$	82,3
LIOU	AND CHARLES AND STREET AND STREET AND STREET				YIIIIIIII		Ψ	04,0
Pia	ease answer the following question by marking in the appropr	iate hov	Medical residence		Yes	<u>र</u> ूप्त जा	, <u>,</u> ,	lo
	e the entity's deposits in an eligible (Public Deposit Protection Act)			Section 11 10 F			<u> </u>	10
	e the entity's deposits in an engible (Public Deposit Protection Act) 1, et seq. C.R.S.)? If no, please explain:	public de	spository (C	76000H 11-10.5	- ^^			
						L		
Plea	ease use this space to provide any explanations or comments	<u>:</u>			3VI			
5-9								

医多种性原始		L ASSETS				es :		950-F35
	Please answer the following questions by marking in the appropriate boxes.							No
6-1	Does the entity have capital assets?							XX
If yes:	Has the entity performed an annual inventory of capital assets in ac	cordance with Se	ction 29-1-50	6,				
	C.R.S.,? If no, please explain:				· · · · · · · · · · · · · · · · · · ·	******	*******	*****
	Complete the following table:	Balance -					l va	ar-End
		beginning of the	e Additi	ons	Dele	etions		lance
		year			1		"	idiloc
	Land	\$ -	\$	-	\$	-	\$	
	Buildings	- \$	\$	-	\$	-	\$	-
	Machinery and equipment	\$ -	\$	-	\$	-	\$	-
	Furniture and fixtures	\$ -	\$	-	\$	-	\$	-
	Construction In Progress (CIP)	- S	\$	-	\$	-	\$	-
	Other (explain):	\$ -	\$	_	\$	-	\$	
	Accumulated Depreciation	\$ -	 \$		s		\$	
	Total	s -	\$					
	Please use this space to provide any explanations or comments		- 111111111111111111111111111111111111	minni Timo	\$ *///////	,,,,,,,,,	\$	77777
-2 	PART 7 - PENSION II	VEORMATION	·			·		
	PART / - PENSION II	VEORIVIATION	2000-2020-00-0-2-5	Start and Ar	Teles alequat			
	Please answer the following questions by marking in the appro	oriate boxes.			Y	es	Nijebia Nijebiad	No
7-1	Does the entity have an "old hire" firemen's pension plan?						XX	
7-2	Does the entity have a volunteer firemen's pension plan?							
f yes:	Who administers the plan?							
	Indicate the contributions from:							
	Tax (property, SO, sales, etc.):							
	State contribution amount:		\$	**				
	Other (site denotions star)						<i>}}}}}</i>	
	Other (gitts, donations, etc.);		S	-	<i>////////</i>		////////	
	Other (gifts, donations, etc.): Total:		\$	-				
	Total:	ee as of Jan 1?	\$ \$ \$					
			\$	-				
7-3	Total: What is the monthly benefit paid for 20 years of service per retire		\$	-				
7-3	Total: What is the monthly benefit paid for 20 years of service per retire Please use this space to provide any explanations or comments PART 8 - BUDGET IN	: IFORMATION	\$	-				
7. X. 2. X.	Total: What is the monthly benefit paid for 20 years of service per retire Please use this space to provide any explanations or comments PART 8 - BUDGET IN Please answer the following questions by marking in the approp	: IFORMATION orlate boxes;	\$ \$	-		es		Vo.
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Z	Total: What is the monthly benefit paid for 20 years of service per retire Please use this space to provide any explanations or comments PART 8 - BUDGET IN Please answer the following questions by marking in the approp	: IFORMATION orlate boxes;	\$ \$	-				Vo.
7. X. 2. X.	Total: What is the monthly benefit paid for 20 years of service per retire Please use this space to provide any explanations or comments PART 8 - BUDGET IN Please answer the following questions by marking in the approp	: IFORMATION orlate boxes;	\$ \$	-				4o
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8-1	Total: What is the monthly benefit paid for 20 years of service per retire. Please use this space to provide any explanations or comments. PART 8 - BUDGET IN Please answer the following questions by marking in the appropriate the entity file a 2013 budget with the Department of Local Affairs. Did the entity pass an appropriations resolution? In no, please explain Please indicate the amount appropriated for each fund for 2013:	IFORMATION oriate boxes: ? If no, please e	\$ \$	-	X			No
7-3 8-1 8-2	Total: What is the monthly benefit paid for 20 years of service per retire. Please use this space to provide any explanations or comments. PART 8 - BUDGET IN Please answer the following questions by marking in the appropriate the entity file a 2013 budget with the Department of Local Affairs. Did the entity pass an appropriations resolution? In no, please explain Please indicate the amount appropriated for each fund for 2013: Fund Name	IFORMATION oriate boxes. ? If no, please e	\$ \$ plain:	res	X			No
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8-1 8-2	Total: What is the monthly benefit paid for 20 years of service per retire. Please use this space to provide any explanations or comments. PART 8 - BUDGET IN Please answer the following questions by marking in the appropriate the entity file a 2013 budget with the Department of Local Affairs. Did the entity pass an appropriations resolution? In no, please explain Please indicate the amount appropriated for each fund for 2013: Fund Name	IFORMATION oriate boxes. ? If no, please e	\$ \$ plain:	res	X			No
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	PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)		
	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	XX	
T	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.		
	Please use this space to provide any explanations or comments:		
9-2			

	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
10-1	Is this application for a newly formed governmental entity?		XX
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		XX
If Yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	XX	
10-4	Please indicate what services the entity provides:		
	Roads and drainage, parks and recreation including trails, safety protection including signage and	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
	lighting, transportation, fire station, mosquito control and water and sewer lines		
	ingiling, transportation, the station, mosquito control and water and sewer lines		
10-5	Does the entity have an agreement with another government to provide services?	XX	
If yes:	List the name of the other governmental entity and the services provided:		
	CSDPLP - Insurance, Silver Creek Water San Dist - property exclusion; Granby Ranch Metro -		
	repayment of GRMD 2006 Bonds; Headwaters Metro Dist - maintain roads		
10-6	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the year?		
	[Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3),		
	C.R.S.]		XX
if yes:	Date Filed:		
10-7	Please use this space to provide any explanations or comments:	************	

PART 11 - GOVERNING BODY APPROVAL

Below is the certification and approval of the governing board. By signing the board member is certifying they are a duly elected or appointed officer of the local government.

Governing board members may be verified. Also by signing, the board member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1 604, C.R.S., which states that a governmental agency with revenue and expenditures of \$100,000 or less must have an application prepared by a person skilled in governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

	Print the names of all current	A MAJORITY of the governing board members must complete and sign in the column
Board Member 1	Print Board Members Name LEASE SEE ATTACHED RESOLUTIO	I, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption
Board Member 2	Print Board Members Name	I, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed
Board Member 3	Print Board Members Name	I, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed Date: My term Expires:
Board Member 4		I, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed Date: My term Expires:
Board Member 5	Print Board Members Name	I, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed Date: My term Expires:
Board Member 6		I
Board Member 7		I, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed Date: My term Expires:

SOLVISTA METROPOLITAN DISTRICT

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2013

WHEREAS, the SolVista Metropolitan District (the "District") wishes to claim exemption from the audit requirements of §29-1-603, C.R.S.; and

WHEREAS, §29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed one hundred thousand dollars may, with the approval of the state auditor, be exempt from the provisions of §29-1-603, C.R.S., and

WHEREAS, neither revenues nor expenditures for the District will exceed \$100,000 for fiscal year 2013; and

WHEREAS, an application for exemption from audit for the District will be prepared by Eric Weaver, an accountant with knowledge in governmental accounting; and

WHEREAS, said application for exemption from audit will be completed in accordance with regulations issued by the state auditor.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the SolVista Metropolitan District as follows:

- 1. The application for exemption from audit for the District for fiscal year ended December 31, 2013 will be reviewed and is hereby approved by a majority of the Board of Directors of the District.
- 2. The majority of the Board of Directors of the District shall signify their approval by signing below.
- 3. This Resolution shall be attached to, and become a part of, the application for exemption from audit of the District for the fiscal year ended December 31, 2013.
- 4. If any part, section, subsection, sentence, clause or phrase of this Resolution is for any reason held to be invalid, such invalidity shall not affect the validity of the remaining provisions.
- 5. This Resolution shall take effect and be enforced immediately upon its approval by the District Board.

ADOPTED this 31st day of October, 2013.

SOLVISTA METROPOLITAN DISTRICT

Ву

Chairman

Attest:

Secretary

BOARD MEMBER	TERMS
Julie Krueger	2014
Lance Badger	2014
Neil Herzog	2014
Kyle Harris	2016
Vacancy	2016

SIGNATURE